# PROCEDURES FOR USE OF IRB AUTHORIZATION AGREEMENT WHEN CDC RELYS ON ANOTHER IRB FOR REVIEW OF PROTOCOL(S)

Please complete the attached IRB authorization agreement (IRB AA) form and have it signed and dated by the signatory official.

OHRP requires the original completed/signed IRB AA form to be kept on file by the institution with the reviewing IRB and a copy is to be maintained by the deferring institution. Since CDC is deferring IRB review to your institution, please keep the original signed form and fax or mail a copy back to:

CDC
ATTN: Virginia Talley (E-81)
1600 Clifton Road, NE
Atlanta, GA 30333
Phone: 404 498-3110
Fax: 404 498-3115

# IRB Authorization Agreement
# Where
# CDC Agrees to Utilize Another IRB to Review Protocol(s)

**Name of Institution or Organization Providing IRB Review** (Institution A):

_____

IRB Registration #: **IRB0000___** Federalwide Assurance (FWA) #: **FWA0000____**

**Name of Institution Relying on the Designated IRB** (Institution B):
**Centers for Disease Control and Prevention (CDC)**_____
OHRP Federalwide Assurance (FWA) #: **FWA00001413**

The Officials signing below agree **_CDC_** may rely on the designated IRB for review and continuing oversight of its human subject research described below: (*check one*)

(___) This agreement applies to all human subject research covered by Institution B's FWA.

(_**X**_) This agreement is limited to the following specific protocol(s):
Name of Research Project: _____
IRB Protocol Numbers for both institutions: **CDC #____** / **____#_____**
Name of Principal Investigator: _____
Sponsor or Funding Agency: ___ Cooperative Agreement #: _____

(___) Other (*describe*):

The review and continuing oversight performed by the designated IRB will meet the human subjects protection requirements of the HHS regulations for the protection of human subjects at 45 CFR 46 as well as the requirements of Institution A's OHRP-approved FWA. The IRB at Institution A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB's determinations and with the terms of its OHRP-approved Assurance. This document must be kept on file at both institutions and provided to OHRP upon request.

## Signatures:

**Authorized Official of (A): _____**

_____ _____
(signature) ( date)
Name & degrees of Signatory Official
Position Title
Name of Institution
Address

(phone) (fax)
(email)

**Authorized Official of (B): _CDC_**

_____ _____
(signature) (date)
Virginia L. Talley, B.S.
Assurance Coordinator
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE MS E-81
Atlanta, GA 30333
(phone) 404 498-3110 (fax) 404 498-3115
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